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IN THE UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF WISCONSIN

INSTANTEL, INC.,)	
)	
Plaintiff,)	
)	
v.)	Civil Action No. 99-C-0766
)	
R.F. TECHNOLOGIES, INC.,)	
)	
Defendant.)	
_____)	

DECLARATION OF THOMAS CHARLES BASSETT

1. I, Thomas Charles Bassett, am over 21 years of age, am competent to give this declaration, and make this declaration on the basis of my personal knowledge of the facts hereinafter set forth.

2. I have been in the hospital security business for the past twenty-one years, and have worked in security at SUNY Health Science Center, in Syracuse, New York, Community General Hospital, in Syracuse, New York, and Crouse Hospital, in Syracuse, New York. I am currently Manager of Security, Parking and Transportation at Crouse Hospital in Syracuse, and have held that position since May 1996. As Manager of Security, Parking and Transportation at the hospital, I am in charge of managing the activities of the security, parking and transportation departments at the hospital, training security officers, and ensuring that our officers comply with Article 7 of the General Business Laws of the State of New York.

3. It is my responsibility at the hospital to maintain the highest level of security, especially in the area of newborns and infants, as this is a strong focus of Crouse Hospital.

EXHIBIT C

4. In 1997, the hospital began considering the purchase of an electronic infant security system. There had been several attempted abductions of infants in the Syracuse area, and we were interested in improving our security in the hospital to prevent this from happening.

5. For several months, I reviewed various publications and promotional materials about electronic infant security systems to determine which system would be right for the hospital. In late spring or early summer of 1998, we narrowed down the choice of systems to the CODEALERT system and Instantel's HUGS system. In the summer of 1998, demonstrations of the CODEALERT and HUGS systems were given at our hospital.

6. We requested quotes on the CODEALERT and HUGS systems in the summer of 1998, and in or about July 1998, we placed an order for the HUGS system. We selected the HUGS system over the CODEALERT system because we believed that the HUGS system was better than the CODEALERT system. One major benefit of the HUGS system is the fact that it does not require much equipment to be mounted on the walls. In contrast, the CODEALERT system requires a lot of equipment to be mounted on walls. The HUGS system also came with free upgrades to the software used with the system.

7. We also preferred the HUGS system over the CODEALERT system because with the HUGS system, we can control the whole system from a central station in security. With CODEALERT, we would have had to have several sites and locations to monitor the system. We also thought that the HUGS system was more user-friendly than the CODEALERT system and

that it would be easier to train staff to use the HUGS system than the CODEALERT system. We also were not able to defeat the HUGS system when we tested it.

8. The HUGS system was installed in our old maternity/child care section in or about September 1998, and we spent four to six weeks training our staff on how to use the system. We planned to test the system for six months. Then, if we liked the system after the testing period, we were going to have it installed in our new, larger maternity/childcare unit.

9. The test of the HUGS system was a success. The new three-floor maternity/childcare unit was completed in September 1999, and the HUGS system was installed in the new unit at that time.

10. Since the HUGS system was installed in or about September 1998, we have had no problems with infant security. There have been no infant abductions or known attempts since the system was installed.

11. I understand that there is a dispute between Instantel, Inc. and RF Technologies, Inc. involving the HUGS system and that it is possible that Instantel, Inc. could be prevented from servicing our HUGS system and supplying replacement tags for our system. The impact on us if this occurred would be devastating. It would also be devastating to our patients and their families and friends.

12. The safety of our patients is a top priority at our hospital, and we depend on the HUGS system to provide security for our infants. In recent months, because of financial cut-backs, we have been forced to lay off several employees. If the HUGS system did not function

properly, we would not be able to provide the current level of security for our infants. I believe that if we could not receive replacement tags for our HUGS system, our hospital would be at a significant risk of an infant abduction.

13. The crime rate in the Syracuse area has greatly increased in recent months, and we have experienced a rise in crimes occurring in the hospital during this time. In fact, we have made five felony arrests for crimes such as assault in the hospital during the past month. Because of this crime rate increase, we believe that the safety of our infants is at greater risk than it ever was.

14. If the HUGS system could not be supported by Instantel and we could not receive replacement tags for the system, we would not be financially able to replace the system with a new system any time soon. As a result, we would be forced to decrease the level of security at our hospital, putting all infants at risk of an abduction. If an abduction were to occur as a result of decreased security, we would all suffer. The hospital would face legal liability and suffer great harm to employee morale, and the kidnap victim, and his or her friends and family would suffer great pain. The public would also lose confidence in the hospital and be harmed.

15. Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing is true and correct.

Executed on the 21 day of December, 1999.


THOMAS CHARLES BASSETT

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF WISCONSIN

INSTANTEL, INC.,

Plaintiff,

v.

R.F. TECHNOLOGIES, INC.,

Defendant.


Case No. 99-C-0766

CERTIFICATE OF SERVICE

I, Ann M. Maher, of counsel for Plaintiff InstanTEL, Inc., hereby certify that I have served all parties with the foregoing Plaintiff InstanTEL, Inc.'s Notice of Filing Declaration of Thomas Charles Bassett by hand delivery to the following:

Jane C. Schlicht, Esq.
Raymond D. Jamieson
Cook & Franke S.C.
660 East Mason Street
Milwaukee, WI 53202

This 3rd day of January, 2000.


Ann M. Maher

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IN THE UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF WISCONSIN

INSTANTEL, INC., Plaintiff

Civil Action No. 99-C-0766

R.F. TECHNOLOGIES, INC., Defendant

DECLARATION OF CAROL A. MAHANEY

1. I, Carol A. Mahaney, am over 21 years of age, am competent to give this declaration, and make this declaration on the basis of my personal knowledge of the facts hereinafter set forth.

2. I have been a Registered Nurse since I graduated from Bronson Methodist Hospital School of Nursing in March of 1979 and received my Bachelor of Science in Nursing from Michigan State University in 1989. During my twenty years of nursing, I have worked almost exclusively in the field of Pediatric Nursing, except for a year or so in Medical Surgical Nursing.

3. I currently hold the position of Nursing Information Systems Analyst at W. A. Foote Memorial Hospital ("Foote Hospital") in Jackson, Michigan, a position that I have held since June 1999. Prior to my becoming Nursing Information Systems Analyst, I was Manager of the Pediatrics and Special Care Nursery Units at Foote Hospital for six years. I was Manager of Pediatrics at Battle Creek Health System in Battle Creek, Michigan, for three years prior to coming to Foote Hospital and also held the position of Maternal Child Health Educator at Battle Creek Health System (formerly known as Community Hospital) focusing primarily on Pediatrics and Neonatal Care for the 10 years prior.

4. About four years ago, Foote Hospital decided to look into acquiring a security system for the Pediatrics unit. We had had numerous problems with security in the

unit, including attempted abductions by estranged spouses, angry parents, and parents wishing to prevent their children from being placed in foster care.

5. In order to fund such a system, the hospital contacted Michigan Speedway (formerly Michigan International Speedway) in Brooklyn, Michigan. The Speedway sponsors a major event for the hospital every year. That year, we requested that funds be raised for a security system for the Pediatrics unit.

6. I began reviewing various publications and promotional materials about infant security systems after the funding was raised. But I found that at that time, there was no system on the market that provided a way to take children out of the unit without removing their bands and violating the system. We thought about designing our own system and actually began development of a system for several months.

7. About six months later, I learned about the Code Alert system through a publication. We began meeting with Code Alert representatives to learn more about the system and obtained a quote for installation of the Code Alert system in the Pediatrics unit. However, before we signed a contract for the Code Alert system, I went to observe the Code Alert system in use at a hospital in Milwaukee, Wisconsin that the Code Alert representative had recommended and discussed the system with the Manager of the Obstetrics Unit there.

8. I discovered several problems with the Code Alert system after I observed it in use. First, the Code Alert system is time intensive to nursing. The nurses must use an electronic device to physically check the Code Alert tag/band on each infant and were doing so every shift to make sure that the tag/battery on each band was still working. Then the staff just had to assume/hope that the battery life was long enough to last and the tag wouldn't die or malfunction before the check that would occur in the next shift. This requirement that each tag/band be checked every few hours to ensure that the battery was still working was not an acceptable solution for our hospital. I wanted a system that was self-monitoring.

9. Another problem with the Code Alert system was that expansion of the system into other units was awkward. I had just been informed by the hospital administration that it planned to expand the security system that we selected for the Pediatrics unit into the Obstetrics unit. With Code Alert, the system installed in our Pediatrics unit could not be expanded into another unit. We would have had to install a completely separate system in another unit. I wanted a system that was easy to expand.

10. Another problem with Code Alert was that once the child was removed from the nursery or other area being monitored by the Code Alert system, the system did not monitor how long the child was outside the secured zone.

11. Because of these problems that I discovered about the Code Alert system, we decided not to sign a contract for the Code Alert system at that time.

12. After further investigation about security systems, we learned about the Hugs system manufactured by Instantel.

13. The Hugs system was leaps and bounds ahead of Code Alert and satisfied all of my concerns about security systems. It is self-monitoring so nurses do not have to check each child's band to see if the tag/band is working during every shift. With the Hugs system, we can also take a child in and out of the secured zone without removing the child's band with a simple sign out. The system keeps monitoring how long the child has been out of the secured zone and alerts the staff if a child has been gone for longer than expected.

14. Expansion of the Hugs system into other units of the hospital is also very easy. We can simply add additional devices to other areas of the hospital expanding the same system. All of the alarms of the Hugs system feed off the same computer program on one computer in a central security station. It is a completely integrated system.

15. Another advantage of the Hugs system is the Low Tag Battery Alarm. With the Code Alert tags, the system does not monitor the battery status of the tag.

Therefore, the Code Alert tags have to be thrown away every twelve months under any circumstance, and keeping a large inventory of tags is wasteful. With the Hugs tag, the life of the battery depends on use of the tag. The battery drain is only slight unless the tag is activated and applied to a patient. As a result, there is no problem with keeping numerous Hugs tags on hand to replace old tags when their batteries expire. Again since the Hugs system monitors the tag battery status we can continue to use all of the tags until the battery is fully depleted minimizing costs.

16. The Hugs system is also easy to use because it is a Windows-based program. If I want to check on a particular child, I simply go to the computer and look for that child and his/her particular tag. The program will tell me that the tag is working and where the child is and give me a complete history of use/alarms specific for them. If there is an alarm, I immediately know which tag has alarmed, the alarm type and cause, and which child is assigned to that tag. Due to the PC Windows design, all activity on the Hugs system including alarm data is automatically logged to the system database for future reference and review.

17. When I looked at the Code Alert system, it was not a PC or Windows-based program. I do not know if any enhancements have been made to the Code Alert system since I last looked at it about eighteen months ago. When I observed the Code Alert system in use, I noticed that the nurses were not able to monitor individual tags. Rather, the system continuously printed out paper reports with every interaction/band check/alarm of the system. If an alarm situation occurred, the report would simply state "alarm event in zone whatever." A nurse would not know which child was causing the alarm event or the nature of the alarm.

18. The Hugs system was installed at Foote Hospital in August 1999. We have been very happy with the system. I have also been very surprised over the ease of acceptance of the product. The nurses and security personnel took to the system right away. They

particularly like the self-monitoring aspect of the system. It simply maintains itself. The parents of our patients also have been very accepting of the system.

19. The hospital currently has plans to expand the Hugs system into the Obstetrics unit. We hope to have an installation plan in place by July 2000. Because the Hugs system is so flexible, we believe that the expansion process will be very easy.

20. I understand that the manufacturer of the Code Alert system has accused the Hugs system of infringing a patent. I also understand that the manufacturer of the Code Alert system is seeking an injunction to prevent the future manufacture or sale of the Hugs system and replacement tags.

21. If this injunction were granted, it would be detrimental to our hospital. The Hugs system cannot function without operating tags. If we did not have a functional system, we would go back to a reactive security system. In Pediatrics, many of our patients are abused children or live in foster care, and in many cases, the parents of these children can be very hostile and even violent. In a reactive security system, we evaluate the abduction risk of each patient, assign a certain level of security to each child depending on the perceived risk, and simply hope that we're right in assessing the risk.

22. Before we installed the Hugs system, we used this type of reactive system and had many close calls. We had potential abductions caused by ex-spouses, drunken family members in the unit, and child abuse cases. While we are able to get each of those situations under control within a short time, it is very risky to have to rely on this type of security. It is also risky for our personnel. Facing violent or incapacitated parents can be very dangerous.

23. We also cannot place security guards at every door. We are a Pediatrics unit and take care of children. We must provide a nurturing environment for our patients -- not a prison. Our patients and their parents must feel comfortable about being in our hospital. They should not feel threatened.

24. Without the Hugs system, we would be forced to go back to this very risky reactive security system. Under this system, an abduction could occur and/or one or more of our personnel could be injured. If one child who was a patient in our hospital were lost or harmed, the hospital would likely face a resulting lawsuit and would certainly be held liable for the child's safety and any resulting harm.

25. If the injunction is granted, we would not purchase another system. We would simply wait and see what happened in the lawsuit, put our expansion plans on hold, and go back to the very risky reactive security system we had before.

26. If the injunction is granted, the Pediatrics unit would certainly not get another system. Because we used up our funding to buy the Hugs system, there would be no more money to buy another system. In addition, even if we got the money, we would not buy the Code Alert system because of its inability to keep track of itself and the fact that it is not an integrated system. We would wait for a better system to come along and do our best to prevent abductions and harm to our patients and danger to our personnel under our older, more risky reactive system.

27. The Hugs system is the best infant security system available on the market, and our hospital needs the system to provide the level of security that our patients deserve. We would be greatly harmed if we were no longer able to use the system.

28. Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing is true and correct.

Executed on the 21st day of December 1999.


CAROL A. MAHANEY, RN, CPN, BSN

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Jane C. Schlicht, Esq.
Raymond D. Jamieson
Cook & Franke S.C.
660 East Mason Street
Milwaukee, WI 53202

This 31st day of January, 2000.


Ann M. Maher

